

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 78

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Montana Democratic Party

Full Name (Last, First, Middle Initial)

A. Kris Godlewski

Mailing Address 405 Madison Ave

City

Helena

State

MT

Zip Code

59601-6107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	4											2	0	1	2

Transaction ID : C8781738

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

* State Party Victory Fund

Full Name (Last, First, Middle Initial)

B. Sheri D. Henderson

Mailing Address 37 Shadow Dr

City

Red Lodge

State

MT

Zip Code

59068-9311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	4											2	0	1	2

Transaction ID : C8781838

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

* State Party Victory Fund

Full Name (Last, First, Middle Initial)

C. Hardy Mary

Mailing Address PO Box 1547

City

Red Lodge

State

MT

Zip Code

59068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	4											2	0	1	2

Transaction ID : C8781835

Amount of Each Receipt this Period

300.00

[MEMO ITEM]

* State Party Victory Fund

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►